

# SUDIS QUESTIONNAIRE

Male version

\_\_ ID \_\_

PLACE ID LABEL HERE

Today's Date: MONTH / DAY / YEAR  
                  month    day    year

Interviewer Initials: INTVIEWR

SUDIS SITE: (check below)

- 1  Field site (specify site number) SITE  
2  Other (specify) (99=OTHER)

Time interview started: \_\_\_\_\_ : \_\_\_\_\_ [AM/PM] > TIME  
Time interview stopped: \_\_\_\_\_ : \_\_\_\_\_ [AM/PM]

Reviewed by \_\_

Cleaned by \_\_

Transcribed by \_\_

## SUDIS MEN'S QUESTIONNAIRE

### **Introduction:**

Thank you for being a part of this study. Some of the things I will ask about are very personal. I want to make sure you understand that all of your answers will be kept confidential, meaning that they are private and will not be shared with others. Your name will not be written on this survey to add more protection of privacy. All research material will be kept in a locked file and destroyed after the research has ended.

Your answers will be used to help design programs for other people with HIV. Try to be honest in the answers you give. For example, some people feel it might be better to say that they always use condoms or never share outfits. But for this study, there are no right or wrong answers. I am most interested in your feelings, thoughts and experiences.

If you have any questions, feel free to ask them at any time. Some questions sound the same, but please answer all of them, because they are all important for this research. If you need to take a break during the interview, please let me know, because we can do that.

If you have questions, or things that you'd like to talk about after this interview, you can call Kelly Knight 415 597-4651. Also, the agencies and individuals in the Community Referral Guide included in this packet might be helpful in answering your questions or connecting you with other services.

## SECTION A: HIV AND YOUR HEALTH

In this first section I'd like to know more about your health, especially how HIV has affected your health, and what health care services you receive.

A1. When did you first test positive for HIV, or learn that you had HIV? If you are unsure of the specific date, please give your best estimate.

(If respondent can not specify month, but can only provide the season, 01=winter, 04=spring, 07=summer, 10=fall)

Month: TESTMO Year: TESTYR

TESTED (YES=1, NO=0)

\_\_\_ Was not tested; was told by a health care provider s/he had HIV → GO TO A3

A2. When you first got a positive HIV-test result, where were you tested?

- TESTWHR 1) Health department or other public test site -9 NOT TESTED  
 \_\_\_ 2) Public hospital or community clinic or STD clinic  
 \_\_\_ 3) Private doctor, clinic, hospital, or HMO  
 \_\_\_ 4) Jail (city, county)  
 \_\_\_ 5) Prison (state, Federal)  
 \_\_\_ 6) Another study (specify) TESTOTHR  
 \_\_\_ 7) Field-tested by outreach worker; mobile van  
 \_\_\_ 8) Drug treatment center  
 \_\_\_ 9) Needle exchange program  
 \_\_\_ 10) Other: TESTOTHR

A3. What kind of health insurance do you have now?

- INSURZ 1) None  
 \_\_\_ 2) Medicaid/Care or SSI  
 \_\_\_ 3) Private  
 \_\_\_ 4) Other: INSUROTH

A4. Do you have somewhere you go (a clinic or a doctor) regularly for your HIV care?

- CARE 0) No → GO TO A4b  
 \_\_\_ 1) Yes  
 \_\_\_ 8) Don't Know or not sure → GO TO A5  
 \_\_\_ 9) Declines → GO TO A5

a. If YES: Where do you go most often to get medical care for HIV? (Choose only one.)

- CAREWHR 1) Public health clinic or hospital -9 NO HIV CARE  
 \_\_\_ 2) Private doctor or private clinic -8 DK/NS/DCLN ANS CARE  
 \_\_\_ 3) Health maintenance organization (HMO)  
 \_\_\_ 4) VA hospital or clinic  
 \_\_\_ 5) Emergency department/Emergency room  
 \_\_\_ 6) Jail or prison  
 \_\_\_ 7) Needle exchange program  
 \_\_\_ 8) Other: CAREOTHR

**b. IF NO: Why aren't you receiving regular medical care for your HIV?**

(INTERVIEWER: DO NOT read aloud or suggest any answers. Check all that apply.)

- CAREN01 1) Don't know where to go for medical care
- CAREN02 2) Couldn't afford care (i.e., no money or insurance benefits)
- CAREN03 3) Could be identified as someone with HIV
- CAREN04 4) Could be identified as a drug user
- CAREN05 5) Could have effects on family (e.g., lose custody of kids)
- CAREN06 6) Too busy (i.e., competing concerns: shelter, drug habit, etc.)
- CAREN07 7) Inconvenient (i.e., no transportation, need for child care, clinic hours, etc.)
- CAREN08 8) Not interested
- CAREN09 9) Don't trust health care system (i.e., bad prior experience)
- CAREN10 10) Other 1: CAREWHY1
- CAREN11 11) Other 2: CAREWHY2

**A5. Are you currently receiving any other types HIV-related services other than medical care?**

- SVC50THR 0) No → GO TO A5b
- \_\_\_ 1) Yes
- \_\_\_ 8) Don't know or not sure → GO TO A6
- \_\_\_ 9) Declines → GO TO A6

9 NO OTH HIV SERVICES

8 DK/NS/DCLN OTH HIV

**a. If YES: What kinds of services are you receiving?**

(INTERVIEWER: READ answers. Check all that apply.)

- SVCS2 1) Housing or shelter for people with HIV/AIDS
- SVCS12 2) Food services (Open Hand, Food Bank, etc.)
- SVCS4 3) Case management
- SVCS1 4) Early Intervention Program
- SVCS6 5) Alcohol or drug treatment
- SVCS7 6) Needle exchange program
- SVCS13 7) One-to-one Psychological counseling
- SVCS5 8) Support groups (Specify: SUPPORT1, SUPPORT2)
- SVCS8 9) Legal assistance
- SVCS14 10) Financial assistance
- SVCS9 11) Practical support (bills, buddy program, help with cleaning)
- SVCS15 12) ADAPT: financial assistance with HIV medical treatment therapies
- SVCS10 13) Other HIV or non-HIV-related services (Specify: SERVICE1, SERVICE2)
- SVCS11 14) Other research studies (Specify: RSRCH1, RSRCH2)

9 RECV OTH HIV SERVICES

**b. IF NO: Why aren't you receiving HIV-related services other than medical care?**

(INTERVIEWER: DO NOT read aloud or suggest any answers; check all that apply.)

- NOSVCS11 1) Didn't know that services existed
- NOSVCS1 2) Didn't know where to go for services
- NOSVCS3 3) Couldn't afford it (including no insurance)
- NOSVCS12 4) Worried about being identified as a drug user
- NOSVCS13 5) Worried about being identified as someone with HIV
- NOSVCS5 6) Not convenient
- NOSVCS9 7) No transportation
- NOSVCS6 8) Not interested
- NOSVCS7 9) Services didn't fit my needs
- NOSVCS8 10) No HIV-related services in my area
- NOSVCS10 11) Other (Specify: SVCYOTHR)

A6. Have you ever had a CD4 or T-cell count? This is a blood test used to check the health of people with HIV, to see if they may be at risk for getting sick.

CD4

- 0) No → GO TO A7
- 1) Yes → GO TO A6a
- 8) Don't Know or not sure → GO TO A7
- 9) Declines

A6a. When was the last time you had a CD4 or T-cell count? If you are unsure of the specific date, please give your best guess.

-9 NO/DK/NS CD4 COUNT      -9 NO/DK/NS CD4 COUNT  
 Month: CD4MO Year: CD4YR  
 (01=winter, 04=spring, 07=summer, 10=fall)

A6b. What was your last CD4 or T-cell count? If you don't know the exact number, please give your best guess.

-9 NO/DK/NS CD4 COUNT  
 -8 DK/NS OF CD4 COUNT  
 CD4/T-cell count: CD4COUNT Don't know, not sure \_\_\_\_\_

A7. Have you ever had your viral load measured? This is a blood test that measures the amount of HIV virus in your blood. Like T-cells, it is also used to check the health of people with HIV.

VLOAD

- 0) No → GO TO A8
- 1) Yes → GO TO A7a
- 8) Don't Know or not sure → GO TO A8
- 9) Declines

A7a. When was the last time you had your viral load measured?

(01=winter, 04=spring, 07=summer, 10=fall)

Month: \_\_\_\_\_ Year: \_\_\_\_\_

-9 NO/DK/NS VIRAL LOAD      VLOADMO      VLOADYR      -9 NO/DK/NS VIRAL LOAD

A7b. What was your viral load at that time?

(INTERVIEWER: If respondent knows the value of viral load test record it on line one, if doesn't know exact value ask them if their provider indicated the result was undetectable, low or high; CHECK ONLY ONE)

VLOADEST 1) VLOADNUB

- 9 NO/DK/NS VIRAL LOAD      -9 NO/DK/NS VIRAL LOAD
- NSVIRAL LOAD      -8 ESTIMATED VIRAL LOAD
- 2) Undetectable
- 3) Low or good
- 4) High or bad
- 8) Don't know
- 9) Declines

A8. Have you ever been diagnosed with AIDS?

- AIDS
- 0) No → GO TO A9
  - 1) Yes → GO TO A8a
  - 8) Not sure → GO TO A9
  - 9) Declines → GO TO A9

A8a. When were you first diagnosed with AIDS?

(01=winter, 04=spring, 07=summer, 10=fall)

Month: AIDSMO Year: AIDSYR

-9 NO/NS/DCLN ANS HIV      -9 NO/NS/DCLN ANS HIV

A9. Now I'm going to ask you about STDs or VD, that is, diseases one can get through sex.

(0 = No; 1 = Yes; 8 = Don't Know or Not Sure; 9 = Declines)

(01=winter, 04=spring, 07=summer, 10=fall)

Sexually Transmitted Disease	EVER Had?				When LAST HAD?		Did you have before you were HIV+ ?			
	N	Y	DK	DC	Month / Year		N	Y	DK	DC
Syphilis SYPH	0	1	8	9	SYPHMO / 19	SYPHYR	0	1	8	9
Gonorrhea or clap (If YES, probe for site) GON	0	1	8	9	GONMO / 19	GONYR	-9 NEVER HAD / DCNLSYPH			
...on your penis (genital) GONGENIT	0	1	8	9	GONGENMO / 19	GONGENYR				
...in your anus (rectal) GONANUS	0	1	8	9	GONANUMO / 19	GONANUYR	-9 NEVER HAD / DCNLSYPH			
...in your mouth (oral) GONMOUTH	0	1	8	9	GONMOUTHMO / 19	GONMOUTHYR				
A penile drip or discharge caused by chlamydia CHLAM	0	1	8	9	CHLAMMO / 19	CHLAMYR	-9 NEVER HAD / DCNLSYPH			
Any other drip or discharge from your penis URETH	0	1	8	9	URETHMO / 19	URETHYR				
Herpes (If YES, probe for site) HERP	0	1	8	9	HERPMO / 19	HERPYR	0	1	8	9
...on or near your penis HERPGENI	0	1	8	9	HERPGEMO / 19	HERPGEYR	-9 NEVER HAD HERPES			
...on or near your anus HERPANUS	0	1	8	9	HERPANMO / 19	HERPANYR				
Warts or condyloma (If YES, probe for site) WARTS	0	1	8	9	WARTSMO / 19	WARTSYR	0	1	8	9
...on or near your penis WARTGENI	0	1	8	9	WARTGEMO / 19	WARTGEYR	-9 NEVER HAD WARTS			
...on or near your anus WARTANUS	0	1	8	9	WARTANMO / 19	WARTANYR				
Any sore, ulcer or blister in your genital or rectal area SORE	0	1	8	9	SOREMO / 19	SOREYR	-9 NEVER HAD WARTS			
Other rectal infection RECTNAME / RECT	0	1	8	9	RECTMO / 19	RECTYR				
Any other STD, specify: USTDNAME / USTD	0	1	8	9	USTDMO / 19	USTDYR	-9 NEVER HAD WARTS			

**A10. Now I'm going to ask you about health problems that injection drug users may experience.**

(0 = No; 1 = Yes; 8 = Don't Know or Not Sure; 9 = Declines)

(01=winter, 04=spring, 07=summer, 10=fall)

Health problem	EVER Had?				When LAST HAD?		Did you have before you were HIV+?			
	N	Y	DK	DC	Month / Year		N	Y	DK	DC
Skin abscess <b>ABSCESS</b>	0	1	8	9	<b>ABSCESSMO / 19ABSCESSYR</b> -9 NEV/DK/ DCLN SKIN ABSCESS					
Endocarditis (an infection on your heart valves) <b>ENDO</b>	0	1	8	9	<b>ENDOMO / 19ENDOYR</b> -9 NEV/DK/ DCLN ENDOCARDITIS					
Hepatitis A <b>HEPA</b>	0	1	8	9	<b>HEPAMO / 19HEPAYR</b> -9 NEV/DK/ DCLN HEPA		0	1	8	9
Hepatitis B <b>HEPB</b>	0	1	8	9	<b>HEPBMO / 19HEPBYR</b> -9 NEV/DK/ DCLN HEPB		0	1	8	9
Hepatitis C <b>HEPC</b>	0	1	8	9	<b>HEPCMO / 19HEPCYR</b> -9 NEV/DK/ DCLN HEPC		0	1	8	9
Hepatitis, unknown type <b>HEP</b>	0	1	8	9	<b>HEPMO / 19HEPYR</b> -9 NEV/DK/ DCLN UNK HEP		0	1	8	9
Positive skin test (PPD) for tuberculosis (TB) <b>PPD</b>	0	1	8	9	<b>PPDMO / 19PPDYR</b> -9 NEV/DK/ DCLN PPD		0	1	8	9
TB or tuberculosis in your lungs (you were asked to take at least 3 medicines) <b>TB</b>	0	1	8	9	<b>TBMO / 19TBYR</b> -9 NEV/DK/ DCLN TB		0	1	8	9
Drug overdose <b>OD</b>	0	1	8	9	<b>ODMO / 19ODYR</b> -9 NEV/DK/ DCLN DRUG OD					

**A11. Are you currently taking any medications prescribed by a doctor for HIV/AIDS? (This does not include vitamins or alternative therapies or drugs such as medical marijuana.)**

- MEDS** 0) No → GO TO A16  
 \_\_\_ 1) Yes → GO TO A11a  
 \_\_\_ 8) Don't know → GO TO A16  
 \_\_\_ 9) Declines → GO TO A16

**A11a. Are you currently in a research study that gives you medications for the treatment of HIV/AIDS?**

- MEDEXP** 0) No **-9 NO/DK/DCLN HIV DRUGS**  
 \_\_\_ 1) Yes (Name of study: MEDSTUD1, MEDSTUD2)

A12. Now I'm going to read you a list of different medicines that are used to fight HIV. I'm going to ask if you are taking this medicine. Because managing to take all of one's medicines every day can be difficult, I will also ask how many days in the LAST MONTH you were not able to take (or forgot to take) one or more doses of each medication.

*INTERVIEWER: Show picture card of different pills. May use 30-day calendar to anchor significant dates and to assist respondent recall. Ask the participant if they missed any doses yesterday. Then ask for the last week, and work up to 30 days.*

Are you CURRENTLY taking this medicine?				Number of days missed any dose in last 30 days
<b>NUCLEOSIDE ANALOGUES</b>				
3TC EPV (Epivir, lamivudine)	-9 No/DK/ Yes DCLN HIV DRUGS	No Go to next drug	DK Go to next drug	MISSEPV days missed any dose -9 NO/DK/DCLN HIV DRUGS -8 NO/DK TAKE 3TC
DDC DDC (Hivid, zalcitibine)	-9 No/DK/ Yes DCLN HIV DRUGS	No Go to next drug	DK Go to next drug	MISSDDC days missed any dose -9 NO/DK/DCLN HIV DRUGS -8 NO/DK TAKE DDC
AZT AZT (Retrovir, zidovudine)	-9 No/DK/ Yes DCLN HIV DRUGS	No Go to next drug	DK Go to next drug	MISSAZT days missed any dose -9 NO/DK/DCLN HIV DRUGS -8 NO/DK TAKE AZT
DDI DDI (Videx, didanosine)	-9 No/DK/ Yes DCLN HIV DRUGS	No Go to next drug	DK Go to next drug	MISSDDI days missed any dose -9 NO/DK/DCLN HIV DRUGS -8 NO/DK TAKE DDI
D4T D4T (Zerit, stavudine)	-9 No/DK/ Yes DCLN HIV DRUGS	No Go to next drug	DK Go to next drug	MISSD4T days missed any dose -9 NO/DK/DCLN HIV DRUGS -8 NO/DK TAKE D4T
AZT + 3TC COMB (Combivir)	Yes -9 No/DK/DCLN HIV DRUGS	No Go to next drug	DK Go to next drug	MISSCOMB days missed any dose -9 NO/DK/DCLN HIV DRUGS -8 NO/DK TAKE COMBIVIR
<b>NON-NUCLEOSIDE ANALOGUES</b>				
Viramune NEV (nevirapine)	-9 No/DK/ Yes DCLN HIV DRUGS	No Go to next drug	DK Go to next drug	MISSNEV days missed any dose -9 NO/DK/DCLN HIV DRUGS -8 NO/DK TAKE NEVIRAPINE
Rescriptor DEL (delavirdine)	-9 No/DK/ Yes DCLN HIV DRUGS	No Go to next drug	DK Go to next drug	MISSDEL days missed any dose -9 NO/DK/DCLN HIV DRUGS -8 NO/DK TAKE DELAVIRDINE
<b>PROTEASE INHIBITORS</b>				
Crixivan IND (indinavir)	-9 No/DK/ Yes DCLN HIV DRUGS	No Go to next drug	DK Go to next drug	MISSIND days missed any dose -9 NO/DK/DCLN HIV DRUGS -8 NO/DK TAKE INDINAVIR
Fortovase/Invirase SAQ (saquinavir)	Yes -9 No/DK/DCLN HIV DRUGS	No Go to next drug	DK Go to next drug	MISSSAQ days missed any dose -9 NO/DK/DCLN HIV DRUGS -8 NO/DK TAKE SAQUINAVIR
Norvir RIT (ritonavir)	-9 No/DK/ Yes DCLN HIV DRUGS	No Go to next drug	DK Go to next drug	MISSRIT days missed any dose -9 NO/DK/DCLN HIV DRUGS -8 NO/DK TAKE RITONAVIR
Abacavir ABAC	Yes -9 No/DK/DCLN HIV DRUGS	No Go to next drug	DK Go to next drug	MISSABAC days missed any dose -9 NO/DK/DCLN HIV DRUGS -8 NO/DK TAKE ABACAVIR
Viracept NEL (nelfinavir)	-9 No/DK/ Yes DCLN HIV DRUGS	No	DK	MISSNEL days missed any dose -9 NO/DK/DCLN HIV DRUGS -8 NO/DK TAKE NELFINAVIR

Please name any other prescription HIV medications that you are currently using or taking :

MED1, MED2, MED3, MED4, MED5